## HARNETT COUNTY HEALTH I ARTMENT

## IMPROVEMENT PERMIT

Nº 12150

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner)	Thomas W. St.	ins	■ New Inst	allation Septic Tank
Property Location:	SR#_//32		Repairs	Nitrification Line
				Lot #_ Z
				#
Number of Bedroom	s Proposed: 2	I	Lot Size: 14, 31	1 oc
Basement with Plum	nbing:	Garage:	1	
Water Supply:	Well Public	Community		
Distance From Well:	:ft.			
final approval.				aptioned property. Subject to
	Conventional			
	Septic Tank:	V		
Subsurface Drainage Field	No. of exa	act length each ditch 90	width of ft. ditches 3	depth offt. ditches/2-/% in.
French Drain Requir	red:			
		Date:	7-3	-97 vas Q. Boyce
This permit is subject to revocation if site plans or intended use change.		te Signed:	from	ental Health Specialist
	se change.		Environine	
VOID AFTER 5 YI	EARS			Mainlain Setbacles
				Contractor to meet on
				situ prior to installing
				1. Box May be at other en
(F)	Approx 2501			Final layout may chang
		- MH	THE RESIDENCE OF THE PERSONS AND ADDRESS AND	
3º Main	1			
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5R 1132

## HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.
Owner or Authorized Agent Thomas Heves
Name: Thornes
Address: Rt 6 Box 99-0 Lillington NC 27594
Property Location: SR # Road Name Coop
New Installation Repair Septic Tank Nitrification Lines
Subdivision Hubert F. McDonald Lot # _ Z
Number of Bedrooms Proposed: 2 Lot size: 14.39ac
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: 50+ ft.
Type of System: Conventional Other
Tank Volume: Septic Tank gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines
Width of ditches ft. Depth of ditches inches
French Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.
Authorized Agent for Harnett County Health Department
Name: James & Baya R.S. Date: 7-3-97  (Revised 2/96) CNSTRCT. WPD
(Revised 2/96)CNSTRCT.WPD